FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		ORGANIZATION											
				(See instru	ctions)					Offic	e use only		
1. NAME	OF MITTEE (in	full)		(Check if name s changed)		mple: If typying the lines	g, type	12FE	4M5	1 1			
DelB	ene for C	ongress											ш
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COMMITT	EE'S E-MA	AIL ADDRES	SS (Please	provide only on				OTATE	_		211	JODE :	_
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3. FEC I	DENTIFIC	ATION NUI	IBER		C COO	0459099							
4. IS TH	IS STATE	MENT	NEW	(N) OF	R X	AMEND	DED (A)						
I certify that	I have exam	nined this Sta	tement and t	to the best of my	knowledge ar	nd belief it is tru	ie, correct an	ıd comple	te				
Type or Pri	int Name of	Treasurer	P	hilip E Lloyo	I								
Signature o	of Treasure	r El <u>ectro</u>	nically Filed	by Philip I	E Lloyd			Date	^M 9	M /	13	/ Y	^y 2 0 1 1
NOTE: Sub	mission of fa			olete information							2 U.S.C.	§437g.	
	Office Use Only					For further in Federal Electi Toll Free 800 Local 202-69	ion Commiss -424-9530			F	FEC F		